



In re Application of:

KEIICHIRO ISHIHARA

Application No.: 10/763,231

Filed: January 26, 2004

For: MULTI-BEAM SCANNING APPARATUS

Docket No. 03500.017853

Examiner: H. Tran

Group Art Unit: 2861

Date: October 24, 2006

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 95 | MINUS | ** 98 | = 0 | x \$25 \$50 | - 0 - |
| INDEP. CLAIMS | * 16 | MINUS | *** 12 | = 4 | x \$100 \$200 | 800.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | Prev. Paid |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 800.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 800.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

CA_MAIN 122294v1

03500.017853



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------|---|----------------------|
| In re Application of: |) | |
| | : | Examiner: H. Tran |
| KEIICHIRO ISHIHARA |) | |
| | : | Group Art Unit: 2861 |
| Application No.: 10/763,231 |) | |
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| Filed: January 26, 2004 |) | |
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| For: MULTI-BEAM SCANNING |) | |
| APPARATUS | : | October 24, 2006 |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT
AND
STATEMENT SUMMARIZING INTERVIEW

Sir:

Prior to examination on the merits, please amend the above-identified
application, as follows:

10/26/2006 MBERHE 00000065 10763231
01 FC:1201 000.00 0P